



Complete Summary

TITLE

Routine prenatal care: percentage of vaginal birth after cesarean (VBAC) eligible women who receive general education describing risks and benefits of VBAC (e.g., the American College of Obstetricians and Gynecologists [ACOG] pamphlet on VBAC).

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Aug. 80 p. [229 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of vaginal birth after cesarean (VBAC) eligible women who receive general education describing risks and benefits of VBAC (e.g., the American College of Obstetricians and Gynecologists [ACOG] pamphlet on VBAC).

RATIONALE

The priority aim addressed by this measure is to increase the percentage of vaginal birth after cesarean (VBAC) eligible women who receive documented education describing risks and benefits of VBAC.

PRIMARY CLINICAL COMPONENT

Prenatal care; vaginal birth after cesarean (VBAC); patient education

DENOMINATOR DESCRIPTION

Total number of vaginal birth after cesarean (VBAC) eligible women whose medical records are reviewed (see the related "Denominator Inclusions/Exclusions" in the Complete Summary)

NUMERATOR DESCRIPTION

Number of vaginal birth after cesarean (VBAC) eligible women with documentation of education of the risks and benefits of VBAC (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Routine prenatal care.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Women of childbearing age

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Risks of vaginal birth after cesarean (VBAC):

- Symptomatic rupture of the gravid uterus carries a 45.8% perinatal mortality and a 4.2% maternal mortality and occurs in 4.3 to 8.8% of women with a high vertical uterine scar.
- Incisions penetrating the muscular layer of the uterus may weaken this area and increase the risk of uterine rupture.
- A history of previous uterine dehiscence or rupture has a rate of repeat separation of 6.4% if previous uterine incision was in the lower segment and 32.1% if the scar is in the upper segment with complication rates assumed to be similar to those of the primary uterine rupture.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Aug. 80 p. [229 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Women at a prenatal visit who are vaginal birth after cesarean (VBAC) eligible

Each month a minimum sample of prenatal visits is identified. This may be accompanied either by administrative search (Current Procedure Terminology [CPT-4] codes 59510, 59400, or International Classification of Diseases, Ninth Revision [ICD-9] code V22.0), or by other case identification at the medical group.

Suggested time frame for data collection is monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of vaginal birth after cesarean (VBAC) eligible* women whose medical records are reviewed

*Women without any of the following contraindications to VBAC:

- Previous classic cesarean delivery

- Some uterine surgery, e.g., hysterotomy, deep myomectomy, cornual resection, and metroplasty
- Previous uterine rupture or dehiscence
- Some maternal/fetal medical conditions, such as open neural tube defect and complete placenta previa
- Unknown uterine scar if there is a high likelihood of classical scar
- Rare psychological or social conditions that indicate the patient may not be a good candidate

Exclusions

Women with any of the contraindications to VBAC, as listed in the "Inclusions" (above)

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of vaginal birth after cesarean (VBAC) eligible women with documentation* of education of the risks and benefits of VBAC

*Documented is defined as any evidence in the medical record that a clinician provided education to the VBAC eligible woman of the risks and benefits of VBAC.

Exclusions
Unspecified

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of VBAC eligible women who receive general education describing risks and benefits of VBAC.

MEASURE COLLECTION

[Routine Prenatal Care Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Aug. 80 p. [229 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of VBAC eligible women who receive general education describing risks and benefits of VBAC" is published in "Health Care Guideline: Routine Prenatal Care." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on October 18, 2005.

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Date Modified: 8/21/2006

